Department of Health
Early Intervention Services

Performance Report

Performance Period January 2005-March 2005

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from January through March 2005.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.

- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for January through March 2005 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from January through March 2005 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

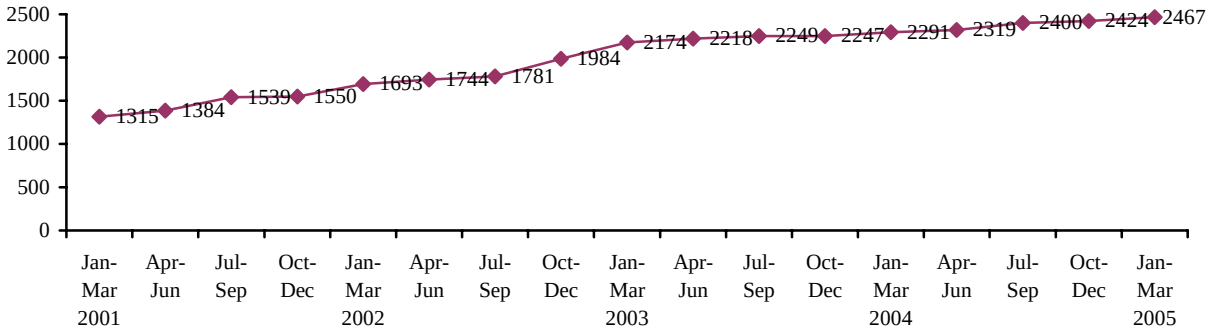
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
January 2005	2435	1688	303	248	157	31	8
February 2005	2451	1720	289	247	152	35	8
March 2005	2516	1785	299	230	158	35	9

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs (POSP), and Public Health Nurses.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2001 are shown in Graph 1. Average enrollment data for the January-March 2005 quarter increased from 2424 to 2467 children, an increase of 1.8% from the previous quarter's average. There continues to be slight quarterly increases in the number of children identified with developmental delays or at biological risk.

Graph 1. EIS Quarterly Enrollment from January 2001 to March 2005



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for January - June 2001. From July 2001 more complete data were available from PHNB.

Child Find

Child find activities continue and, based on the increasing number of infants and toddlers identified with developmental delays, are successful in informing new providers, pediatricians, and families about Hawaii's early intervention system and how to make a referral to the system. EIS participated in a variety of public awareness activities this quarter to inform the public about early intervention, including the: 1) Champions for Children's Day; 2) Keiki Resources Fair; and 3) Cure Autism Now Walk. Brochures on early intervention were provided to the several thousand individuals who attended these conferences/activities. In addition to the child find activities, trainings to community preschool teachers, day care providers and other community providers expand the

knowledge of early intervention and the referral process to community providers (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The website has an automatic link to the H-KISS referral form to simplify referrals. The website is still being expanded to provide other relevant information.

EIS continues to provide H-KISS brochures to the Healthy Start Early Identification Units to distribute to families who are either ineligible for Healthy Start or choose not to enroll in the program.

Healthy Start

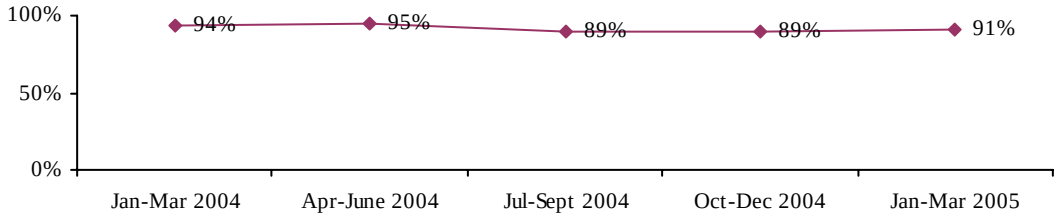
Birth rates for Hawaii for January to March 2005 are as follows:

Month	Births
January	1,260
February	1,103
March	1,193

Screen, Assessment, and Accepted Referral Rates

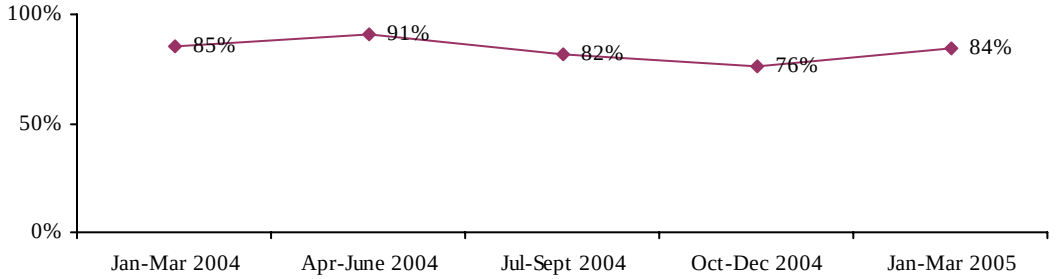
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been consistent at an average of 91% over the past year.

Graph 2. Oahu EID Quarterly Screen Rate January 2004 through March 2005.



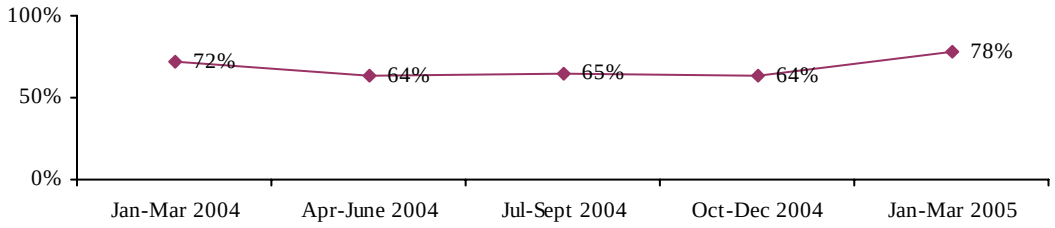
Assessment rate: The quarterly EID assessment rate (Graph 3) increased to 84% this quarter, up 8% from the previous quarter. Factors that may contribute to the fluctuations in rate include staff turnover and vacancies. To address common barriers to acceptance of services, Healthy Start is developing a standardized protocol for presentation of program services.

Graph 3. Oahu EID Quarterly Assessment Rate January 2004 through March 2005.



Referral rate: The quarterly EID referral rate (Graph 4) increased to 78%, up 14% from the previous quarter. The Quality Assurance Specialist has increased efforts with specific new strategies toward achieving significant and consistent improvement toward a standard of 85% referral rate.

Graph 4. Oahu EID Quarterly Referral Rate January 2004 through March 2005.



The Healthy Start program is currently in the Request for Proposal process for the next contract period of fiscal years 2006-2009. The lessons learned over the past 1½ years have emphasized the value of continued quality improvement efforts.

New Enrollment

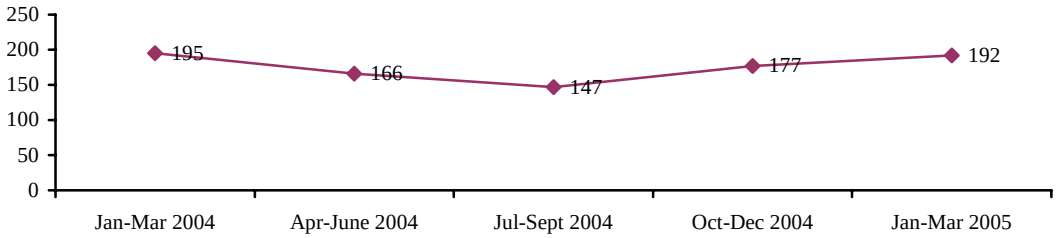
A total of 576 infants and toddlers were newly enrolled in home visiting services during this quarter (Table 2, Graph 5). Factors contributing to fluctuations in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly enrollment statewide for this quarter (192) was 8.5% higher than that for the previous quarter (177).

Table 2. Healthy Start New Enrollment Data from January to March 2005

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
January	202	151	12	11	17	8	3
February	201	146	17	8	23	7	0
March	173	123	11	15	16	7	1

* Does not include prenatal enrollments.

Graph 5. Healthy Start New Monthly Enrollment from January 2004 to March 2005



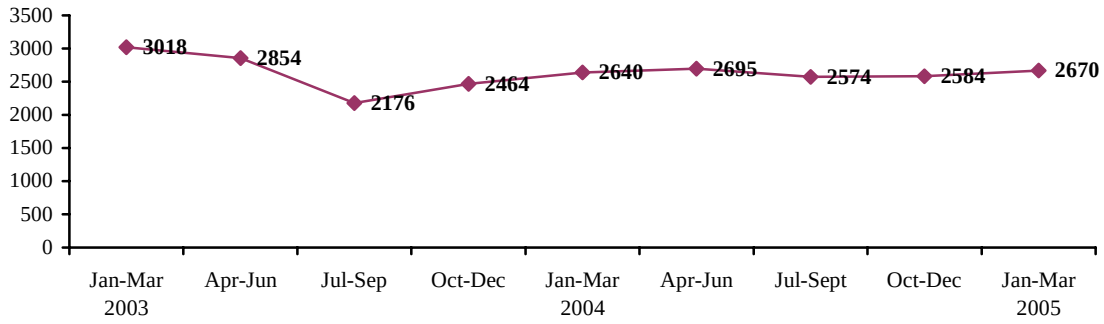
Active Enrollment

The monthly active enrollment (families remaining in home visiting services) has increased over the past 3 quarters. The average quarterly enrollment for January-March 2005 (Table 3, Graph 6) showed an increase of 3.3% from the October-December 2004 quarter, and an increase of 3.7% from the July-September 2004 quarter.

Table 3. Healthy Start Monthly Active Enrollment for January to March 2005

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
January	2645	1768	257	215	214	128	63
February	2672	1801	254	208	225	126	58
March	2693	1820	248	214	227	128	56

Graph 6. Healthy Start Average Quarterly Enrollment from January 2003 to March 2005



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for January-March 2005. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

Full service gaps (Table 4) decreased slightly this quarter from 30 full gaps last quarter to 27 full gaps this quarter. A total of 11 children (9 on Oahu and 2 on Maui) were impacted over the quarter due to full service gaps.

Table 4. Full Service Gaps by Month

Service Gap		January	February	March
Occupational Therapy		-	1 (Maui) 8 (Oahu)	-
Physical Therapy		1 (Maui)	-	-
Speech Therapy		1 (Oahu)	8 (Oahu)	-
Special Instruction		-	8 (Oahu)	-
Total Number of Full Gaps	Oahu	1	24	-
	Maui	1	1	-
	Hawaii	-	-	-
	Total	**2**	**25**	-
Total Number of Children	Oahu	1	8	-
	Maui	1	1	-
	Hawaii	-	-	-
	Total	**2**	**9**	-

Partial Service Gaps

Partial service gaps (Table 5) remained approximately the same, from 97 partial gaps last quarter to 99 this quarter. The total number of children impacted over the quarter was 69 children (59 on Oahu and 10 on Maui).

Table 5. Partial Service Gaps by Month

Service Gap		January	February	March
Occupational Therapy		9 (Oahu) 6 (Maui)	8 (Oahu)	6 (Oahu)
Physical Therapy		2 (Oahu)	7 (Oahu)	10 (Oahu) 4 (Maui)
Special Instruction		2 (Oahu)	8 (Oahu)	4 (Oahu)
Speech Therapy		5 (Oahu)	5 (Oahu)	5 (Oahu)
Vision Services		1 (Oahu)	-	2 (Oahu)
Speech Evaluation		2 (Oahu)	-	-
Psychological Services		4 (Oahu)	-	-
Interpretation Services		-	-	1 (Oahu)
Comprehensive Developmental Evaluation		2 (Oahu)	4 (Oahu)	2 (Oahu)
Total Number of Partial Gaps	Oahu	27	32	30
	Maui	6	-	4
	Hawaii	-	-	-
	Total	**33**	**32**	**34**
Total Number of Children	Oahu	20	30	27
	Maui	6	-	4
	Hawaii	-	-	-
	Total	**26**	**30**	**31**

In summary, a total of 80 children, or 3% had a service gap.

Reasons for Gaps and Actions to Reduce Gaps

There are several reasons for gaps consistent across islands:

Staff Shortages and/or Vacancies. The main reason for gaps (both full and partial) is staff vacancies. This was particularly relevant this quarter in the area of physical therapy on

Oahu and Maui. On Oahu, the contracted provider who has been providing services while the position is being recruited was on leave, and no one else was available to replace her. Imua also had gaps in physical therapy due to a vacant position for which recruitment is still in process. Imua's Occupational Therapist returned to work in January, and so there were no children with occupational therapy gaps in February or March. Recruitment has been difficult due to the shortage of physical therapists in the state, and the need to recruit from the mainland. Programs usually respond by revising schedules so that all children receive some services. Successful recruitment is also impacted by the funds available for salaries. While additional funds to support higher salaries to attract applicants and to be more competitive were requested and approved for Purchase of Service (POS) programs, there continues to be turnover that results in gaps.

Vacation/Sick Leave. Gaps also occur when staff is on vacation and/or sick leave, as there generally are not additional providers to fill in and meet the IFSP requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified on the Individual Family Support Plan (IFSP).

Providing Services on Weekends or After Work Hours. Another reason for gaps is the inability to provide services on weekends or after work hours to meet family needs. While programs attempt to schedule services at times convenient to families, there are generally fewer service options during weekends and after hours. Programs will generally try to serve the child during work hours while they work them into their "after hours" schedule. This is not always possible and the result is a service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently not contact a family to schedule a service identified on the IFSP. As soon as this is identified, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff may not document that the service did occur, resulting in difficulty confirming that the service occurred.

Transfers to Programs. With the expansion of early intervention programs, children are being transferred from services provided by fee-for-service providers to program staff. There were instances this quarter when service gaps occurred due to scheduling errors at the new program. As the new programs are more stabilized, this should occur less frequently.

Actions to Reduce Gaps.

1) The conversion of the vacant physical therapist (PT) position at Wahiawa Early Childhood Services Program (ECSP) back to permanent status was completed. However, due to lack of interested applicants, a request was made and approved to change this position to an exempt position in order to recruit above the minimum so the position can be filled. This position will be advertised both in Hawaii and on the mainland to find the most experienced applicants.
2) All three new early intervention programs on Oahu are accepting referrals for newly identified children and accepting transfers from fee-for-service providers. Although there have been gaps due to transfer issues (described above), it is expected that there will be fewer service gaps and more comprehensive services for eligible children and their families on Oahu.
3) Contracts have been executed for additional fee-for-service providers to fill gaps when state programs have staff vacancies and to support children who are provided

care coordination by the EIS Care Coordination Unit but not enrolled in an early intervention program. Early intervention special funds and some of the Healthy Start appropriated funds have been used to pay for these services due to the deficit in general funds. When additional special funds are received, purchase orders for new but not yet operating contracts can be completed so that there will be a larger pool of fee-for-service providers, if needed.

4) EIS continues to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While the majority of children enrolled in early intervention programs receive transdisciplinary services, this service option is not appropriate for some children. Service delivery decisions are based on the individual needs of each child and must be made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method continues to be provided to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (as compared to receiving services from fee-for-service providers), who had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. At the end of March 2005, 38 of the 44 state social worker/care coordinator positions, or 86%, were filled. Three vacant positions are on Oahu (at EIS), one in Maui, and 3 on the island of Hawaii, in Hilo and North Hawaii. All positions at the DOH ECSPs are finally filled. Lists for the vacant Oahu positions have been received from the Department of Human Resources Development and interviews are in progress. Recruitment for the North Hawaii position has been difficult due to the lack of interested applicants who meet qualifications. Because of the length of time this position has been vacant and the difficulty of hiring into the state position, further discussion on the possibility of providing contract funds to the North Hawaii program to provide care coordination services will occur.

The following table provides information on the 44 DOH social worker/care coordinator positions, by island and statewide as of March 2005.

Table 6. Percentage of EIS Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2005.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	26	90%
Hawaii	7	5	71%
Maui	5	4	80%
Kauai	3	3	100%
Total	**44**	**38**	**86%**

Not included in the above table are the following 6 positions (5.0 FTE) that provide care coordination and are funded by the POS contracts: 0.5 FTE care coordinator position for Molokai's Ikaika program; 0.5 FTE social work position for Salvation Army; 1.0 FTE social worker for Imua on Maui; 2.0 FTE social work positions for the Easter Seals Kapolei POS program on Oahu; and 1.0 FTE for the Easter Seals Waipahu POS program on Oahu. Funds were included in the Ikaika, Salvation Army, Kapolei, and Waipahu programs as there are no designated DOH social work positions assigned to these programs. Although Imua has the above five state positions, this was not sufficient for their caseload and therefore funds were added to the Imua contract for an additional social worker/care coordinator to support the children served.

Other Changes to Support Care Coordination Needs

In addition to these six positions, the new Kapiolani Medical Center (KMC) Central EI Program contract included funds so that the program could hire a social worker, but to date they have not had to recruit for this position as EIS positions are providing the necessary care coordination/social work services. However, if the program expands and needs an additional care coordinator, they have the capacity to recruit one who will be KMC staff. Previous Performance Reports documented the increase in children served on the island of Oahu. To support this increase, the Imua contract was recently amended to add an additional care coordinator due to their high caseloads and their coverage of the entire island of Maui as well as Lanai. This position has not yet been recruited as Imua is waiting for an additional modification to the contract for added funding to cover the cost of this position.

One EIS social worker has been assigned to support the Easter Seals Windward EI program and two EIS social workers have been identified to support the KMC Central EI Program. EIS is closely monitoring the enrollment of children in the new POS programs to ensure that assigning social workers from the EIS Care Coordination Unit will not negatively impact the ability of this unit to provide care coordination and social work support to the families still being assigned to this unit.

Goal: 90% of EIS direct service positions are filled.

EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of March 2005, 39 of the 43 direct service positions, or 91%, were filled, surpassing the goal of 90%. Table 7 below provides information on direct service positions statewide and by island.

Table 7. EIS Direct Service Positions by Island, as of March 2005.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	37	34	92%	PT III-1, PMA II-1; SLP-1
Hawaii	6	5	83%	SLP IV-1
Total	**43**	**39**	**91%**	–

Note: PT = physical therapist; SLP = speech-language pathologist; PMA = paramedical assistant

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. As noted in the section on Service Gaps, these contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of enrolled children exceed staff capacity, as well as the EIS Care Coordination Unit children, where the majority is not served in early intervention programs.

Now that the three new POS early intervention programs are operational and serving children, the need for fee-for-service providers has been reduced. In fact, several previous fee-for-service providers are now staff of the new EI programs. EIS is monitoring the impact of the new POS programs on funding needed by the fee-for-service providers, however, it is expected that the transfer of funds from fee-for-service providers to POS programs will be gradual. To support families and children changing providers, the new therapists will have two co-treatment sessions with the current therapists, to support the new provider taking over treatment and to ease the difficulty of families in changing providers.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS administrative positions statewide have increased from 57 to 61 with the addition of four billing clerk positions to support the EIS Billing Unit's activities. The Billing Unit is responsible to collect and transmit service data from EIS, PHNB and Healthy Start programs to DHS/Med-QUEST Division to support the early intervention carveout. These positions were approved in the last biennium session (to be funded by the carveout funds), are established, and are in active recruitment. Other administrative positions include unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, and clerical and billing staff and the Public Health Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, the Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor, ECSP managers, and five Children & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide. At the end of March 2005, 54 of the 61 administrative positions, or 89%, are filled.

Vacant positions include 2 clerk-typist positions, the 4 new billing clerks and the PHAO (this position was filled during this quarter, but the incumbent resigned). Recruitment lists have been received for all positions. Table 8 provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of March 2005.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	48	87%	Clerk-Typist-2; Billing Clerks-4; PHAO-1
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	**61**	**54**	**89%**	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data management, and contract management. There is also support staff in clerical, billing, and statistics. At the end of March 2005, three positions (Program Supervisor, Children & Youth Specialist, and Statistics Clerk) were vacant. All are under recruitment. In the interim, the Quality Assurance Specialist is acting as Program Supervisor. 67% of Healthy Start administrative positions are filled.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

The "weight" of a caseload is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitored" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is intended to support the time needed for the programs' social workers to collaborate with the care coordinator to ensure that timelines are met, services are provided, and their attendance at IFSP and other collaborative meetings.

Social Workers' Weighted Caseloads

Table 9 provides information on the percentage of social workers, by island, that have a weighted caseload of no more than 1:45. Data are provided on the 43 positions that provided care coordination, which includes the 38 filled DOH positions that provided care coordination from Table 6 and the additional 5 filled POS positions funded via the POS contracts: Kapolei Easter Seals - 2.0 FTE, Waipahu Easter Seals - 1.0 FTE, Salvation Army - 0.5 FTE) and Ikaika (Molokai) - 0.5. Of the 43 positions, only 9 (21%) had weighted caseloads not more than 1:45. With the vacant positions and the fact that one EIS social worker is currently working at 0.5 FTE as she is also a University of Hawaii School of Social Work student doing her practicum at EIS, it is not surprising that the social workers/care coordinators have high caseloads.

Table 9. Social Work Positions (DOH and POS) with Weighted Caseloads Not More than 45, by Island, as of March 2005.

Island	# Social Workers Providing Care Coordination as of March 2004	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	30	6	20%
Hawaii	5	2	40%
Maui & Lanai	4	0	0%
Kauai	3	1	33%
Molokai	1	0	0%
Total	**43**	**9**	**21%**

Table 10 provides information on the status of care coordination ratio if all positions were filled. However, even if all positions were filled, the care coordination ratio still exceeds

the 45:1 ratio on all islands except for Hawaii. The care coordination caseload for Maui continues to be especially high.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload as of Dec. 2004	Average Weighted Caseload (Projected)
Oahu	34	31.25	1835	58.7
Hawaii	7*	7.00	302	43.0
Maui & Lanai	6	5.25	317	60.0
Kauai	3	3.00	155	52.0
Molokai	1	0.50	45	90.0
Total	**51**	**47.00**	**2654**	**56.5**

* There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

The Oahu care coordination ratio increased from the previous quarter (from 53.4 to 58.7). As noted previously, due to the regular monitoring of Maui enrollment, the care coordination ratio remaining approximately 1:60, and care coordinators traveling throughout Maui and to Lanai, the POS contract was amended to allow Imua to hire an additional care coordinator. Although this position has not yet been filled, the ratio should decrease to about 1:50 after it is filled. It has not yet been decided as to whether Ikaika (Molokai's EI Program) also needs more FTE for their program. Because of the complexity of the families served in Molokai, the majority of the children and families served are considered "intense", which increases the time needed to work with the family and their "weight". Should this trend continue, EIS will also need to increase the contract funds for an additional 0.5 FTE position.

Actions to Support Care Coordination

1) Other early intervention staff (program managers and direct service staff) has assumed care coordination functions in addition to their primary role. This is only a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.
2) Imua's contract has been amended to include another position.
3) KMC Central Program contract includes funds for a social worker. Although this has not yet occurred, the position is available if needed.
4) EIS is closely monitoring the care coordination needs of Oahu programs to determine the impact of using their positions to support the expansion of POS programs. If care coordination ratios continue to increase on Oahu, additional positions and funds will be added to the programs' contracts to decrease the ratios.
5) Public health nurses (PHNs) continue to provide care coordination primarily for infants and toddlers with medical conditions and concerns, but also to children referred from Child Welfare Services due to drug exposure. The December 2004 child count showed that the PHNs provided care coordination to 505 infants and toddlers with special needs. Although the number of infants and toddlers requiring care coordination from PHNB has remained between 494 and 528 over the past five years, there has been an increase in the complexity of medical needs of the children, which results in more time needed for PHN care coordination. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for January-March 2005 impacted 592 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members.

There were three major areas of training that were focused on this quarter: 1) providing additional sessions of the required 3-day EI training to individuals for newly hired staff (including EIS-POS staff, PHNs, Healthy Start providers) and fee-for-service providers; 2) training on the newly developed and adopted statewide Individual Family Support Plan (IFSP); and 3) supporting children with challenging behavior and the staff serving them. The following is a list of training topics and number of attendees during this quarter:

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on IDEA Part C, Hawaii's implementation of IDEA, the eligibility and referral process, the philosophy of family-centered services, communication skills with families and family rights. Thirty-eight (38) individuals from EIS State and POS Programs, PHNB, Healthy Start, Early Head Start and contracted fee-for-service providers attended. This was a follow-up training on the islands of Oahu, Hawaii, and Kauai for new providers and current providers who were unable to attend the initial series of trainings.

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes care coordination, the IFSP process, timelines, required components, and information on natural environments. A total of 35 individuals from EIS State and POS Programs, PHNB, Healthy Start, Early Head Start and contracted fee-for-service providers attended. This was a follow-up training on the islands of Oahu, Hawaii, and Kauai for new providers and current providers who were unable to attend the initial series of trainings.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. A total of 23 individuals from EIS State and POS Programs, PHNB, Healthy Start, Early Head Start, and contracted fee-for-service providers attended. This was a follow-up training on the islands of Oahu, Hawaii, and Kauai for new providers and current providers who were unable to attend the initial series of trainings.

- **Statewide IFSP.** All Part C programs, including the EIS providers, PHNB nurses, and MCHB (for Healthy Start providers), have now adopted the recently developed and approved Statewide IFSP form. Training on the new form was piloted in Hilo with 45 EIS, PHNB, and Healthy Start providers. Based on the results of the pilot, the training may be modified prior to starting statewide training. It is expected that by June 2005 all Part C providers will have received training, and the new IFSP will be implemented with all new referrals to the programs and at each Annual IFSP meeting.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator continues to provide trainings to support staff serving young children with challenging behaviors. During this quarter, 5 trainings were presented: *"Practical Approaches for the Challenged Teacher: Piecing Together the Behavior Puzzle"* was presented to 80 teachers at the National Association of Christian Schools: Hawaii Early Childhood Conference and at two sessions of the Kids Cove Child Development Center at Pearl Harbor for a total of 11 attendees; and *"Why are You Acting This Way: Finding Solutions to Challenging Behaviors"* was presented twice at the Maui Early Childhood Conference to a total of 70 attendees.

- **Understanding Children's Sexual Behaviors.** The Keiki Care Project Coordinator collaborated with the Hawaii Child Care Connection and Kamaaina Care Inc. to present on this important issue for all Kamaaina Kids sites. Three presentations were provided for a total of 160 providers.

- **Assistive Technology Support.** EIS Keiki Tech staff provided information and demonstrations of how to adapt toys to be used by children with physical disabilities and how to use specialized programs to create picture displays. Five workshops were provided at 4 different Oahu early intervention programs and one workshop was provided to early intervention staff on Molokai. In addition, training was provided to a medical student on uses of adapted toys and equipment. These 6 workshops impacted 15 staff on Oahu and Molokai.

- **Training and Support for Families of Children with Hearing Loss.** The second "Ohana Time" meeting was attended by 10 parents. The focus for this session was transition to DOE, provided by DOE staff. The EIS Hearing Specialist also presented at the Pac Rim Conference on understanding hearing loss, which impacted 10 individuals.

- **Other Trainings.** Other trainings provided this quarter included: 1) *"Constructive Male Involvement in the Lives of Young Children: Boys, Fathers, and Male Professionals in Family Health and Education"* was provided by the Keiki Care Coordinator at the Pac Rim Conference to 8 attendees; 2) The Keiki Care Coordinator provided two workshops on *"Working with Families when you are Concerned About Their Development"* for a total of 52 participants; 3) The Inclusion Project Coordinators spoke to a UH Special Education class on early intervention services/inclusion of 13 students; and 4) An EIS staff spoke on language delay to a preschool parent group of 10 parents .

- **Conference Support.** EIS supported 12 individuals, including 3 family members, to the Pac Rim Conference.

- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Healthy Start

Healthy Start has a commitment to continued quality improvement and regularly incorporates training opportunities into this process. Healthy Start administrative program staff meets quarterly with representatives from each Purchase-of-Service Provider (POSP). February 9th was the meeting date for the third quarter of fiscal year 2005. These meetings are an opportunity for continued collaboration on program development and education on timely issues, such as IDEA, Part C compliance activities. Further strengthening of the Early Intervention System continues as Healthy Start administrative staff as well as POSP take an active role in system development and improvement, including but not limited to, the IFSP and monitoring activities.

The training POSP provided the following training:

- **Advanced Supervisor Training – Module I and Module II.** Module I introduces concepts of clinical supervision, the formulation of clinical questions that support staff in developing appropriate family interventions, and coaching methods and personality designed interventions with staff that will enhance their skill develop. Module II continues to develop strategies utilizing the reflective process with staff, and identifying and documenting environmental risk factors. Module I was offered February 22-25, 2005. Module II was offered February 7-10, 2005 and February 28, 2005 through March 3, 2005.

- **Healthy Families America (HFA) Prenatal Project "Great Beginnings Start Before Birth".** A four-day training on a prenatal curriculum was designed to improve, strengthen, and ultimately provide standards for the practice of prenatal home visiting services, including addressing challenging lifestyle behaviors such as family violence, mental health, and substance use. A unique quality of this training is the strong father involvement component. Dates offered were January 18-20, 2005 and March 14-16, 2005.

- **Basic Knowledge Series.** This training is for all new staff who have completed Family Support Worker (FSW) or Family Assessment Worker (FAW) Intensive Role Specific training in order to gain additional information necessary to fully support and strengthen families with an emphasis on child development and the parent-child interaction. This four-day training occurred March 28, 2005 to April 1, 2005.

- **Basic Skills Series.** This training is for all new staff who have completed FSW or FAW Intensive Role Specific training in order to further develop the skills needed to successfully accomplish their role responsibilities including observation and assessment, documentation, communication, and creative outreach. This three-day training occurred March 7-9, 2005.

- **Additional training.** Essential program specific training is required within six months of hire for all Healthy Start staff, including program directors. Community and content experts provide it, with the focus on the latest research and best practice. Child development topics covered during this quarter included: Ages and Stages (March 11, 2005); Emotional Development (March 18, 2005); and, Temperament (March 23, 2005).

- **Intensive Role Specific Training for Family Support Workers.** A four-day (February 14-17, 2005) training covering the family support worker's core tasks and responsibilities, according to HFA standards, with a fifth day (February 18, 2005) covering the basic aspects of supervision.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance (QA) is that, through a variety of specific activities, the State is assured that 1) all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs; and 2) all services are provided in conformance with federal IDEA Part C and state requirements.

As reported in the Improvement Plan Final Report that was due to the Office of Special Education Programs (OSEP) July 1, 2004, EIS, as representing the lead agency (DOH) for all Part C eligible children, developed a 4 year cycle in which all EI Programs (EIS, PHNB, Healthy Start) would participate. The cycle includes:

1) on-site monitoring
2) focused monitoring
3) program self-assessment
4) child/family outcomes

Each cycle will also include a family feedback process, which may consist of surveys, focus groups, interviews, etc.

Feedback from OSEP on the submission of both last year's Annual Performance Report and the Improvement Plan Final Report found several areas of non-compliance, including: 1) not ensuring that the State's monitoring process adequately identified areas of non-compliance; 2) incomplete IFSPs; 3) not providing all children with Comprehensive Developmental Evaluations (CDE); and 4) not providing timely transition conferences for children exiting Part C and entering DOE's special education preschool program. The main reason for these findings was that data from the previous on-site monitoring were inconsistent across agencies and therefore could not be considered valid and reliable. Other reasons for the findings were that programs were using IFSPs that did not include all the required components, and CDEs were not available for all children.

The following information describes what Hawaii's Part C program and its agencies (EIS, PHNB, and Healthy Start) are doing to assure compliance with Part C.

On-Site Monitoring
On-site monitoring was completed in 2004; information on the findings was included in the July-September 2004 quarterly sustainability report.

Focused Monitoring

Focused Monitoring of all Part C programs (EIS, PHNB, and Healthy Start) was completed in February 2005. Due to the concerns about the lack of validity and reliability as a result of the On-Site monitoring, the Focused Monitoring monitors used: 1) the same monitoring instrument, which was developed by EIS with input from all Part C agencies and family members; and 2) the same criteria to identify charts to review. In addition, all monitors were provided the same training by the EIS Trainer to ensure consistency in the monitoring. The training included a practical component whereby all monitors practiced using the tool to assure reliability. As part of the instrument development, the tool was piloted using charts and IFSPs from EIS, PHNB, and Healthy Start. The results of the monitoring were included in the Annual Performance Report (APR) due to OSEP March 31, 2005.

A total of 179 charts were reviewed during the Focused Monitoring process. Results found that all programs showed an increase in compliance, although non-compliance still is present. It is expected that with the implementation of the statewide IFSP, compliance will increase as the instrument will contain all required IFSP components.

Also, as part of the Focused Monitoring process, a statewide parent survey was developed and distributed to a sample of parents served by EIS, PHNB, and Healthy Start to gather feedback on their opinions/satisfaction of the early intervention services and support received. Data from this survey was also included in the APR.

As a result of the Focused Monitoring, more directed training and support will be provided to programs that still have on-going compliance issues.

The following are other on-going activities to support concerns raised by OSEP:

1) The development of a statewide IFSP, developed with input from EIS, PHNB, and Healthy Start, that meets federal and state requirements. This instrument is expected to be in use statewide by July 2005.
2) The availability of contracted agencies to provide CDEs to children not served in an early intervention public or private program. The contracts were just recently approved and should be operational by June 2005.
3) The recently scheduled EIS Program Managers' meeting (completed in April) provided feedback to all EIS programs on both the statewide monitoring results and programs' monitoring results. In addition to the results from the current monitoring, areas of improvement and decline (both statewide and by program) were shared.
4) A meeting with PHNB and DOE is being planned for July to further discuss transition issues between DOH and DOE to support improved transitions.

Child/Family Outcomes

DOH, as well as OSEP, is interested in determining the effectiveness of EI in supporting outcomes of children and their families. There are a number of activities in process to support this effort.

Internal Reviews

Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family.

2003-04: In 2003-04 EIS intended to identify and monitor one Part C child per complex, unless there was no child that met eligibility or if the families of children in the complex did not consent to be reviewed. Forty EI children were reviewed during the 2003-2004 school year; the only complex not included was Lanai, as no children qualified for the internal review. All 40 children (100%) reviewed had a positive outcome for child status, whereas only 33 (82.5%) had a positive outcome for system performance. Major areas of concern for the 7 children who did not pass system performance included: Functioning Service Team, Unity of Effort Across Agencies, Coordination of Services, and Problem-Solving.

2004-05: During the school year 2004-2005, EIS has increased the number of children per complex to review from one child to 2 children, for an expected total of 82 children. Again, the only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. To date, a total of 69 children were reviewed across 38 complexes. Of the 69 children reviewed, 65 (94%) had a positive outcome for child status and 54 (78%) had a positive outcome for system performance. Areas of concern for not meeting the required 85% were similar to the previous year: Functioning Service Team, Unity of Effort Across Agencies, Coordination of Services, and Problem-Solving.

Efforts to Support Concerns Raised During Internal Reviews: EIS has developed procedures to both provide feedback to the agencies that provide care coordination and/or services to children reviewed on the results of the internal reviews, and to support the review procedure.

1) The EIS Felix Coordinator contacts each program manager/supervisor on the results of the internal review, regardless of the results. However, when a child does not pass, there will be immediate contact with specific information on what caused the determination of "not passed", while ensuring that the confidentiality as described in the family's consent form is respected. The program manager/supervisor, EIS Supervisor, PHNB Chief, and MCHB Supervisor of the involved agencies will be immediately informed. The feedback for all children will include both strengths and needs. There will be additional data analysis for children who did not pass the review.
2) There will be increased involvement with the Complex Improvement Process. This is being developed in conjunction with the DOE.
3) Meetings were held with EIS Program Managers (public and private) and PHNB Supervisors regarding the results from school year 2003-04 as well as concerns raised during the current review process. The recent EIS Program Manager meeting included a discussion/review of these Internal Review results.
4) A meeting occurred with the EIS Supervisor, PHNB Chief, and Child Welfare Services (CWS) administrators to discuss the review findings, as it has been determined that "not passing" was increased when CWS was involved.

Participation in Nationwide Efforts to Identify Appropriate Child and Family Outcomes

Hawaii's Part C Coordinator was invited to participate in a workgroup organized by the Early Childhood Outcomes (ECO) Center to identify appropriate child and family outcomes that will be presented to OSEP as possible nationwide child and family outcomes. In addition, the Stanford Research Institute (SRI) in collaboration with EIS submitted and received funding for a grant proposal to identify and pilot outcome

indicators with all Hawaii's Part C programs. Hawaii may choose to utilize the national outcomes being developed, or expand these to be more specific to Hawaii's population.

Roles and Responsibilities of EIS Quality Assurance Specialists
The 5 Quality Assurance (QA) Specialists continue to expand their roles in the area of quality assurance through the following:

Activities/strategies to support compliance:

- Participate in the Internal Review process.
- Meet regularly with the staff of programs they are assigned to, and assist in program activities (e.g., review charts to determine IDEA Part C compliance, review quarterly reports) as requested by program managers.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Attend DOE complex meetings to work on Complex Improvement Plans.
- Support the development of EIS documents, such as program quarterly report forms.
- Participate on EIS committees, including Family Feedback, data system development, statewide IFSP, focused monitoring planning, etc., committees.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Assurances that corrections will be completed/ met:

- Meet monthly with their assigned EIS programs to assess where the program is in implementing improvement plan outcomes.
- Meet regularly with QA team (i.e., EIS QA Supervisor and other QA Specialists) to discuss issues/concerns that are identified at EIS programs
- Use Focused Monitoring tool in reviewing program charts.

Enforcement actions:

- The EIS QA Supervisor will participate in a state procurement workgroup to identify how past performance can be incorporated/addressed in the next statewide Request for Proposal. It is hoped that this criteria can be used in awarding future contracts.
- The DOH Early Childhood Services Unit Supervisor will work closely with the EIS QA Supervisor to increase her oversight and monitoring of the five DOH Early Childhood Services Programs.

In addition, the EIS QA Specialist is meeting individually with all new EIS Program Managers to review the state and federal requirements of EIS programs in meeting Part C compliance. Through these meetings, and the follow-up by the assigned QA Specialist, it is expected that programs will better understand their roles and responsibilities.

Healthy Start

Healthy Start staff have actively participated in developing and implementing the state's Early Intervention system to assure that all environmentally at-risk children age 0-3 years

and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. This includes full participation in all Early Intervention quality assurance activities. Recent activities have included completion of Year 2 Focused Monitoring, part of the 4 year EI Program cycle, as well as development of a statewide IFSP, Internal Review activities, and development of Child and Family Outcomes. Beyond quality assurance activities related to IDEA, Part C, Healthy Start is also engaged in specific quality improvement activities related to program and contractual requirements (on-site monitoring and related technical assistance). POSP have specific quality improvement plans implemented and these plans include improvement related to the IFSP (the focus of Year 2 EI System Focused Monitoring).

In addition to the above, priority quality improvement activities related to model efficacy continue:

- Continuing monitoring of the Quality Improvement System with particular attention to completion of IFSPs and transition.
- Establishing quality control procedures related to data collection, entry, analysis, and reporting to ensure credibility, especially in relation to data related to IDEA, Part C compliance.

Funding

Early Intervention Section

A total of $7,694,737 in state funds (Table 11) was appropriated and $8,064,737 was allocated for FY 2003 (difference due to additional funds authorized by the Legislature for collective bargaining increases). A total of $8,704,521 was both appropriated and allocated for FY 2004. A total of $8,680,021 was appropriated and $8,799,576 was allocated for FY 2005 (difference due to additional funds authorized by the Legislature for collective bargaining increases). The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2003			
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,199,260
Fiscal Year 2004			
1st quarter – July-Sept. 2003	5,110,381	5,110,381	5,273,077
2nd quarter – Oct.-Dec. 2003	1,382,500	6,492,881	6,572,738
3rd quarter – Jan.-Mar. 2004	1,105,000	7,597,881	8,137,074
4th quarter – Apr.-June 2004	1,106,640	8,704,521	9,305,774
Fiscal Year 2005			
1st quarter – July-Sept. 2004	5,260,161	5,260,161	5,315,096
2nd quarter – Oct.-Dec. 2004	1,345,500	6,605,661	6,818,039
3rd quarter – Jan.-Mar. 2005	1,105,500	8,011,161[3]	8,008,813[2]
4th quarter – Apr.-June 2005	1,088,415		

[1] Source: Financial Accounting and Management Information System (FAMIS) report.
[2] Information as of 4/1/05.
[3] Includes $300,000 transferred in from Healthy Start

EIS also receives federal Part C funds (Table 12) for early intervention services. These funds increased from $2,127,667 for FY04 to $2,194,384 for FY 05.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2003			
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	241,176	2,043,288	2,043,288
Fiscal Year 2004			
1st quarter – July-Sept. 2003	1,029,505	1,029,505	665,674
2nd quarter – Oct.-Dec. 2003	384,000	1,413,505	1,023,325
3rd quarter – Jan.-Mar. 2004	387,500	1,801,005	1,428,830
4th quarter – Apr.-June 2004	325,662	2,127,667	2,127,667
Fiscal Year 2005			
1st quarter – July-Sept. 2004	995,671	995,671	663,772
2nd quarter – Oct.-Dec. 2004	416,515	1,412,186	686,145
3rd quarter – Jan.-Mar. 2005	426,000	1,838,186	1,054,774[2]
4th quarter – Apr.-June 2005	428,227		

[1] Source: FAMIS Report
[2] Information as of 4/1/05.

Additional funding for EIS services has been from the EI Special Fund into which the Medicaid reimbursement for EI services are deposited.

Healthy Start

In FY 2003, a total of $21,689,277 in state funds was appropriated and $21,721,338 was allocated (difference due to additional funds for collective bargaining increases).

In FY 2004, a total of $19,217,620 in State and Tobacco funds were appropriated and allocated. The 2003 Legislature had reduced State funds $2.5 million due to the decreased need for POSP contract funds, and replaced $5,336,023 of State funds with Tobacco funds. During the fourth quarter of FY 2004, as a result of the initial performance of new POSP and the resulting lower than expected expenditures, $475,000 of state funds were transferred to EIS to support their deficit; this reduced the total Healthy Start state funds to $13,406,597 (see footnote 5 below).

In FY 2005, a total of $16,625,102 in State and Tobacco funds were appropriated and allocated. The 2004 Legislature reduced the FY 2005 state appropriation from $13,969,953 to $11,877,435, and reduced the Tobacco funds from $5,247,667 to $4,747,667.

The following table shows allocations and expenditures/encumbrances:

Table 13. Healthy Start Allocations and Expenditures/Encumbrances

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal year 2003 [3]			
1st quarter – Jul.-Sept.2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [2]
4th quarter – Apr.-June 2003	88,115	21,721,338	17,235,920 [2]
Fiscal year 2004 [4]			
1st quarter – Jul.-Sept. 2003	18,882,063	18,882,063	14,094,945
2nd quarter – Oct.-Dec. 2003	161,188	19,043,251	15,803,950
3rd quarter – Jan.-Mar. 2004	87,185	19,130,436	17,269,484
4th quarter – Apr.-June 2004	(387,816) [5]	18,742,620	18,657,190
Fiscal year 2005 [6]			
1st quarter – Jul.-Sept. 2004	16,363,548	16,363,548	16,825,456
2nd quarter – Oct.-Dec. 2004	87,185	16,450,733	15,682,408
3rd quarter – Jan.-Mar. 2005	(512,815)[7]	15,937,918	15,841,582 [8]
4th quarter – Apr.-June 2005	87,184		

[1] Source: FAMIS report.
[2] POS contracts were adjusted due to lower expenditures.
[3] State funds
[4] State funds ($13,881,597) + Tobacco funds ($5,336,023).
[5] $475,000 was transferred to EIS in the fourth quarter of FY 2004, reducing State funds to $13,406,597
[6] State funds ($11,877,435) + Tobacco funds ($4,747,667).
[7] Quarter allocation of $87,185 less $600,000 transferred out to EIS in March 2005.
[8] Information as of 2/28/05.

Summary

Strengths in the early intervention system from January-March 2005 include:

- Focused monitoring was completed at all Part C early intervention programs, including EIS public and private programs, Healthy Start contracted programs and PHN sections, utilizing the same instrument and process, to ensure reliability and validity of the data findings. The findings were analyzed, summarized, and reported to OSEP as part of the required Annual Performance Report.
- The statewide IFSP was completed, approved by the Hawaii Early Intervention Coordinating Council, has been piloted in Hilo, and is now being implemented in Hilo. Statewide training will occur in May and June, with statewide implementation planned for July 2005.
- The statewide family survey was completed, disseminated to a sample of families, and analyzed. The results were shared with programs and reported to OSEP as part of the Annual Performance Report.
- The number of children/families to be reviewed as part of the Internal Review Process has increased from one to two per complex.
- All three new POS programs are operational.
- Regular monitoring of early intervention allocations and expenditures to identify funding needs and regular meetings with DOH's Administrative Services Office have resulted in better communication and collaboration to serve Part C children served by EIS and Healthy Start, including sharing of resources when possible.
- Medicaid reimbursements for EI services were received and have been used to support the EIS deficit.
- Unneeded Healthy Start funds were transferred to EIS to support the EIS deficit.
- The legislation to allow the use of additional EI special funds for FY 2005 services was recently signed by the Governor. This will allow EIS to increase funds in the POS and AFS contracts to cover deficits and program expansion.
- Dedicated direct service staff at EIS and public and private early intervention programs are working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- On-going meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.
- On-going collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.

Challenges to the early intervention system from January-March 2005 include:

- The increase in the identification of children with developmental delays has led to an increase in care coordination ratios. The program will closely monitor this situation to ensure that families are being provided the support they need.
- Increased number of children identified as IDEA Part C eligible has resulted in increased costs in meeting their service needs.
- Difficulty of identifying and hiring experienced early intervention staff impacts the ability of the private sector to expand services to the current salary levels.
- Continued training is needed for Healthy Start agencies on strategies and quality improvement efforts to meet standards.